

New Mexico Youth Soccer Association Concussion Policy and Procedures

A concussion is a type of traumatic brain injury that changes how the cells in the brain normally work. A concussion is caused by a blow to the head or body that causes the brain to move rapidly inside the skull. Even a “ding” or “getting your bell rung” or what seems to be a mild bump or blow to the head can be serious. Concussions can also result from a fall or from players colliding with each other or with obstacles, such as goalpost.

Awareness and Education

It is NMYSA’s intent to promote concussion awareness/education to players, parents, coaches and administrators. As such, NMYSA has developed the following policies for concussion awareness and education.

1. Current Center for Disease Control, (CDC), “Heads Up Concussion in Youth Sports” information is posted on the NMYSA website. It includes links to the CDC website and the “Heads Up” Coach, Player and Parent Fact Sheets and the Free online concussion training course.
2. Upon registration, parents are given a copy of the CDC “Heads Up” Parents fact sheet either electronically or in hard copy form.
3. Coaches must acknowledge that they have read the “Heads UP Concussion in Youth Sports” fact sheet. This will be part of the NMYSA online disclosure.
4. Coaches are required to take the CDC’s “Heads Up Concussion in Youth Sports” training course and provide NMYSA with the certificate indicating such. Certificates will be identified electronically as part of the coach’s background check process.

Removal From Play

Coaches, the player or the player’s parents shall not allow a youth player to participate in practices/trainings, games or NMYSA events if the youth player exhibits signs of a concussion/brain injury. If the player’s parent or player’s coach suspect a concussion as a result of a blow to the head or body, a fall or collision, the player must be removed from the activity immediately and evaluated by a health care professional. The player will not be allowed to participate in training, games or events for at least one day from receiving a blow to the head or body and only after:

1. The player no longer exhibits any sign, symptom or behavior consistent with a concussion or other head injury; and
2. Receives a medial release from a licensed health care professional.

Players diagnosed with a concussion will be required to sit out for one week and receive a medical release before returning to play. Coaches will be required to track suspected concussions and medical authorizations that permit “return to play”. Any suspected concussion or diagnosed concussion, must be reported to NMYSA using the, “Concussion Notice Form”, (attached). The coach, using the “Concussion Notice” form will track the player’s progress and submit a final copy of the form along with medical permissions to NMYSA when the player is returned to competition.

“Licensed health care professional” means:

- a. A practicing physician or physician assistant licensed pursuant to the Medical Practice Act;
- b. A practicing osteopathic physician licensed pursuant to Chapter 61, Article 10 NMSA 1978;
- c. A practicing certified nurse practitioner licensed pursuant to the Nursing Practice Act;
- d. A practicing osteopathic physician’s assistant licensed pursuant to the Osteopathic Physicians’ Assistants Act;
- e. A practicing psychologist licensed pursuant to the provisions of the Professional Psychologist Act; or
- f. A practicing athletic trainer licensed pursuant to the provisions of the Athletic Trainer Practice Act.

Return to Play

A player, previously diagnosed with a concussion, must receive a release by a medical profession to “return to play”. The player, coach and parents will follow the CDC’s “return to play” process as indicated below.

Below are five gradual steps that the player, coach and parents should follow to help safely return an athlete to play. Remember, this is a gradual process. These steps should not be completed in one day, but over days, weeks or months.

Baseline: Athletes should not have any concussion symptoms. Athletes should only progress to the next step if they do not have any symptoms at the current step.

Step 1: Begin with light aerobic exercise only to increase an athlete’s heart rate. This means about 5 to 10 minutes on an exercise bike, walking, or light jogging. No weight lifting at this point.

Step 2: Continue with activities to increase an athlete’s heart rate with body or head movement. This includes moderate jogging, brief running, moderate-intensity stationary biking, moderate-intensity weightlifting, (reduce time and/or reduced weight from your typical routine).

Step 3: Add heavy non-contact physical activity, such as sprinting/running, high-intensity stationary biking, regular weightlifting routine, non-contact sport-specific drills, (in 3 planes of movement).

Step 4: Athlete may return to practice and full contact (if appropriate for the sport) in controlled practice.

Step 5: Athlete may return to competition

If an athlete's symptoms come back or she or he gets new symptoms when becoming more active at any step, this is a sign that the athlete is pushing him or herself too hard.

The athlete should stop these activities and the athlete's health care provider should be contacted. After more rest and no concussion symptoms, the athlete should begin at the previous step.